

Items 1, 2, and 3. Also complete  
■ Item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse  
so that we can return the card to you.  
■ Attach this card to the back of the mailpiece,  
or on the front if space permits.

Richard Allen  
Commissioner  
Alabama Department of Corrections  
P. O. Box 301501  
Montgomery, AL 36130

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

07CW335cmp+order

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0005 4873 7705

Domestic Return Receipt

102595-02-M-1540